

State of _____

Your Name or Name of Entity

Spouse's name, if joint (or corporate officer,
partner or fiduciary, if a business)

Street address

City/State/ZIP

Expiration Date _____
Month/Day/Year

Parish/County of _____

Social Security/Louisiana or Federal ID Number

Spouse's Social Security Number (if a joint return)

☐ **Original**—your first power of attorney authorizing this agent and attorney-in-fact

☐ **Amend**—changes an existing power of attorney for _____
(name)

☐ **Cancel/Revoke**—cancels a previously filed power of attorney for

(name)

I/we appoint the following as my/our true and lawful agent and attorney-in-fact to represent me/us before the Louisiana Department of Revenue. The agent and attorney-in-fact is authorized to provide and receive confidential and non-confidential information concerning my/our state taxes, and to perform any and all acts that I/we can perform with respect to my/our tax matters, unless noted below.

Name #1	Name #2	Name #3
Name of firm	Name of firm	Name of firm
Street address	Street address	Street address
City/State/ZIP	City/State/ZIP	City/State/ZIP
Telephone number	Telephone number	Telephone number
Fax number	Fax number	Fax number
E-mail address	E-mail address	E-mail address

Unless noted, the agent and attorney-in-fact is authorized to perform any and all acts that you can perform with respect to your tax matters, including the authority to sign tax returns. If you want to limit the agent and attorney-in-fact's authority to specific tax types, periods, and/or duties, you must indicate the types of authority below.

To grant limited authority: Mark only the boxes that apply. By marking the boxes, the agent and attorney-in-fact will be authorized to perform acts on your behalf with respect to the indicated tax matters:

Tax type	Year(s) or period(s)	Tax type	Year(s) or period(s)
<input type="checkbox"/> Individual income tax	_____	<input type="checkbox"/> Sales and use tax	_____
<input type="checkbox"/> Corporate income/franchise tax	_____	<input type="checkbox"/> Withholding tax	_____
<input type="checkbox"/> Special Fuels tax	_____	<input type="checkbox"/> Gasoline tax	_____
<input type="checkbox"/> Tobacco tax	_____	<input type="checkbox"/> Other (Please specify.)	_____

☐ Mark this box, if the agent and attorney-in-fact is authorized to sign the return(s) for the above tax matters.

The agent and attorney-in-fact does not have the power to: (Mark only the items below you do not wish to grant.)

- ☐ Execute agreement to suspend prescription of tax.
- ☐ File a protest to a proposed assessment.
- ☐ Execute offers in compromise or settlement of tax liability.
- ☐ Represent the taxpayer before the department in any proceeding, including protest hearings.
- ☐ Obtain a private letter ruling on behalf of the taxpayer.
- ☐ Perform other acts. (Explain.) _____

The agent and attorney-in-fact shall be authorized to receive copies of notices and communications from the Louisiana Department of Revenue upon request. The taxpayer will continue to be mailed the original notices and written communications. The authority does not include the power to receive and to sign refund checks or the power to substitute another representative unless specifically marked below:

- ☐ Receive checks in payment of any refund of Louisiana taxes, penalties, or interest.
- ☐ Endorse or collect checks in payment of refunds.
- ☐ Delegate authority or substitute another representative.

The filing of this Power of Attorney automatically revokes all earlier Power(s) of Attorney on file with the Louisiana Department of Revenue for the same tax matters and years or periods covered by this document. If you do not want to revoke or cancel the authority of an agent and attorney-in-fact, mark here ☐. You must attach a copy of any Power of Attorney you want to remain in effect.

If this Power of Attorney is not signed and dated by all parties, it will be returned.

By signing this Power of Attorney as a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer. If this matter concerns a joint return filed by a husband and wife, both must sign if joint representation is requested.

_____ Taxpayer signature	_____ Date	
_____ Spouse signature	_____ Date	
_____ Signature of duly authorized representative, if the taxpayer is a corporation, partnership, executor or administrator	_____ Title	_____ Date

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service or the Louisiana State Bar Association.
- I am one of the following:

a. Attorney—a member in good standing of the highest court of the jurisdiction shown below.

b. Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.

c. Enrolled Agent—a person enrolled to practice before the Internal Revenue Service.

d. Officer—a bona fide officer of the taxpayer organization.

e. Employee—an employee of the taxpayer.

f. Family Member—a member of the taxpayer’s immediate family (state the relationship, i.e., spouse, parent, child, brother, or sister) _____.

g. Other (state the relationship, i.e., bookkeeper or friend)_____.

Designation-Insert Applicable Letter (a.-g.)	Jurisdiction and Enrollment/ Bar Number, if applicable	Signature	Date

Thus Sworn to and Subscribed Before Me, Notary, in the presence of the undersigned two witnesses, who personally came and appeared, on this _____ day of _____, 20____.

_____ Signature of witness	_____ Notary
_____ Print witness name	_____ Print name of Notary and Notary Number
_____ Signature of witness	
_____ Print witness name	